AMENDED IN SENATE MAY 28, 1999 AMENDED IN SENATE MAY 3, 1999 AMENDED IN SENATE APRIL 7, 1999 AMENDED IN SENATE APRIL 5, 1999

### SENATE BILL

No. 405

# Introduced by Senator Ortiz (Coauthor: Senator Perata)

(Coauthors: Assembly Members Bock, Firebaugh, Mazzoni, Romero, Strom-Martin, and Thomson)

February 12, 1999

An act to add and repeal Division 109 (commencing with Section 130200) of the Health and Safety Code, relating to mental health, and making an appropriation therefor. Section 4028 of the Welfare and Institutions Code, relating to mental health.

#### LEGISLATIVE COUNSEL'S DIGEST

SB 405, as amended, Ortiz. Suicide treatment and prevention.

Existing law provides for suicide prevention counseling services in a variety of contexts.

This bill would establish the Comprehensive California Suicide Prevention and Treatment Act of 1999 that would require the State Department of Mental Health to (1) establish and implement gatekeeper training pilot programs to provide suicide prevention training to certain individuals, paraprofessionals, and professionals and to develop certain

SB 405 — 2 —

suicide treatment programs, (2) contract with an outside agency to establish and implement a targeted public awareness and education campaign on suicide prevention and treatment, (3) convene and provide support staff for a designated Advisory Task Force on Suicide Prevention and implement a multicounty Treatment, (4) establish and suicide crisis line integrated network<del>, (5) establish a</del> eentralized Internet-based data base that maintains statistical data on suicide in California and specified resources, and (6) submit to the Legislature an annual report commencing March 1, 2001, and a final report on or before September 30, 2004, regarding the pilot programs.

These provisions would become inoperative on June 30, 2004, and would be repealed as of January 1, 2005.

The bill would also state the intent of the Legislature regarding the act and make certain legislative findings and declarations regarding suicide.

The bill would declare the intent of the Legislature to appropriate from the General Fund \$7,800,000 \$600,000 to the State Department of Mental Health for purposes of the bill.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares as 2 follows:
- 3 (a) The Surgeon General of the United States has
  4 described suicide prevention as a serious public health
  5 priority, and has called upon each state to develop a
  6 strategy for suicide prevention using a public health
  7 approach.
- 8 (b) In 1996, 3,401 Californians lost their lives to suicide, 9 an average of nine residents per day. It is estimated that 10 there are between 75,000 and 100,000 suicide attempts in 11 California every year. Eleven percent of all suicides in the 12 nation take place in California.
- 13 (c) Adolescents are far more likely to attempt suicide 14 than their older California counterparts. Data indicate 15 that there are 200 attempts for every adolescent suicide

\_3\_ SB 405

completed. In 1996, 207 California youth died by suicide. Using this estimate, there were likely more than 41,000 suicide attempts made by California adolescents, or 41 percent of all the estimated suicide attempts occurred in California.

- (d) Homicide and suicide rank as the third and fifth leading causes of death for youth, respectively. Both are preventable. While the death rates for unintentional injuries decreased by more than 40 percent between 1979 and 1996, the death rates for homicide and suicide increased for youth. Evidence is growing in terms of the links between suicide and other forms of violence. This provides compelling reasons for broadening the state's scope in identifying risk factors for self-harmful behavior. The number of estimated youth suicide attempts and the growing concerns of youth violence can best be addressed through the implementation of successful gatekeeper training programs to identify and refer youth at risk for self-harmful behavior.
- (e) The American Association of Suicidology (AAS) conservatively estimates that the lives of at least six persons related to or connected to individuals who attempt or complete suicide are impacted. Using these estimates, in 1996 more than 600,000 Californians, or 1,644 individuals per day, struggled to cope with the impact of suicide.
- (f) Decreases in alcohol and drug abuse, as well as decreases in access to lethal means, significantly reduce the number of suicides.
- (g) Actual incidences of suicide attempts are expected to be higher than reported because attempts not requiring medical attention are less likely to be reported. The underreporting of suicide completion is also likely since suicide classification involves conclusions regarding the intent of the deceased. The stigma associated with suicide is also likely to contribute to under-reporting.
- (h) Without interagency collaboration and support for proven, community-based, culturally competent suicide prevention and intervention programs, occurrences of suicide are likely to rise.

SB 405 — 4 —

SEC. 2. Division 109 (commencing with Section 130200) is added to the Health and Safety Code, to read:

1 2

## DIVISION 109. SUICIDE PREVENTION AND TREATMENT

130200. This division shall be known and may be cited as the Comprehensive California Suicide Prevention and Treatment Act of 1999.

130205. (a) The State Department of Mental Health shall convene, and provide staff support for, an Advisory Task Force on Suicide Prevention and Treatment.

- (b) The task force shall consist of 13 members who shall be appointed as follows:
  - (1) Five members by the Governor.
  - (2) Four members by the Senate Committee on Rules.
  - (3) Four members by the Speaker of the Assembly.
- (c) The task force shall be composed of residents of the state with expertise or background in suicide prevention and treatment. Task force members shall include representatives of public and private organizations with an understanding of the needs, planning, operation, funding, services, and social supports for individuals at risk of suicidal behavior. No less than seven of the task force members shall represent family of suicide victims or persons who have attempted suicide.
- (d) The Advisory Task Force on Suicide Prevention and Treatment shall do all of the following:
- (1) Study and make recommendations to the State Department of Mental Health and the Legislature on the application of existing standard of care requirements relative to suicide identification and referral in the medical community.
- (2) Advise the State Department of Mental Health on the criteria for selection, funding, and evaluation of the gatekeeper training pilot programs described in Section 130210.
- 38 (3) Advise the State Department of Mental Health on 39 the criteria for selection, funding, and evaluation of

**—5— SB 405** 

suicide treatment pilot programs described in Section <del>130215.</del>

2

3

4

5

6 7

8

9

10

11

12 13

14

15

16

17

18 19

20

22

28

30

32

33

34

37

- (4) Advise the State Department of Mental Health on the criteria for selection, funding, and evaluation of the targeted public awareness and education campaign described in Section 130220.
- (5) Advise the State Department of Mental Health on the criteria for selection, funding, and evaluation of the centralized suicide crisis line integrated network described in Section 130225.
- (6) Advise the State Department of Mental Health on the criteria for selection, funding, and evaluation of the centralized statistical and resource data base described in Section 130230.
- (7) Prepare annual and final reports that shall be submitted to the State Department of Mental Health and the Legislature on the overall application of Sections 130210, 130215, 130220, 130225, and 130230.
- 130210. (a) The State Department of Mental Health shall establish and implement gatekeeper training pilot programs pursuant to contracts with counties, nonprofit organizations, and consortiums that train and ensure the competencies of individuals, paraprofessionals, and professionals in the physical and behavioral health care, education, law enforcement, religious, and corrections fields and other persons, including family members, likely to interface with persons inclined to attempt or who have attempted suicide, to effectively recognize suicide risk, utilize appropriate assessments, identify relevant interventions, and make appropriate referrals for services and intervention treatments for persons at risk of committing suicide.
- (b) In lieu of a pilot program described in subdivision (a), programs in existence on January 1, 2000, focusing on any of the individuals and professionals specifically listed 36 in subdivision (a) and already available within the State Department of Mental Health or any other appropriate agency may be implemented, as long as each of the individuals and professionals specifically mentioned in subdivision (a) is addressed either in an existing program

**SB 405** -6-

3

4

5

6

8 9

10

11

12 13

14

15

16 17

18

19

23

24

25

26 27

28

31

32

33

34

36

39

or pilot program, or a combination of existing and pilot programs.

- (e) Pilot programs established pursuant to this section shall operate for three years.
- (d) The State Department of Mental Health shall select applicants to operate a pilot program from among applicants that apply on forms and in a manner prescribed by the department. The selection of applicants shall reflect several gatekeeper training models that can be replicated in other communities.
- (e) Gatekeeper training pilot programs shall build on current knowledge of existing, proven effective training strategies.
- (f) Pilot programs funded under this section shall submit to the Advisory Task Force on Suicide Prevention and Treatment annual reports, commencing March 1, <del>2001.</del>
- 130215. (a) The State Department of Mental Health shall establish and implement evidence-based, proven effective suicide treatment pilot programs pursuant to contracts with mental health organizations and professionals with expertise in the assessment and treatment of suicidal behaviors.
- (b) The suicide treatment pilot programs established under this section shall operate for three years.
- (e) The suicide treatment pilot programs shall have all of the following goals:
- (1) To increase existing knowledge of evidence-based, suicide treatment approaches that can be integrated with county health programs, replicated by public and private programs, or both, to address populations at risk of displaying suicidal behavior.
- (2) To produce guidebooks and other materials appropriate to the replication of effective new suicide treatment programs, the modification of existing programs, or both.
- 37 (3) To include a crisis center component that serves several counties. 38
- (d) The State Department of Mental Health shall 40 select applicants to operate a pilot program from among

\_\_7\_\_ SB 405

applicants that apply on forms and in a manner prescribed by the department. The selection of applicants shall reflect several suicide treatment models that can be replicated in other communities.

- (e) Pilot programs funded under this section shall submit to the Advisory Task Force on Suicide Prevention and Treatment annual reports, commencing March 1, 2001.
- (f) A program selected for funding under this section shall provide at least 25 percent eash or in-kind matching funds for each dollar received in grant funds during the second year of the pilot program, and at least 50 percent eash or in-kind matching funds for each dollar received in grant funds during the third year of the pilot program.
- 130220. (a) The State Department of Mental Health shall contract with an outside agency to establish and implement a targeted public awareness and education eampaign on suicide prevention and treatment.
- (b) Target populations shall include junior high and high school students.
- (e) The contract grantee shall have a demonstrated ability in social marketing, media advocacy, and the development of educational suicide prevention materials for school populations.
- (d) The contract grantee shall incorporate multiple access points, including, but not limited to, television, print, point-of-sale, and radio, and strategies, including, but not limited to, paid placements, free media, and electronic networking in the public awareness and education campaign.

<del>130225.</del>

5

6 7

8

9

10

12 13

14 15

16

17

18 19

20

21

22

24

25

30

31

32

- SECTION 1. Section 4028 is added to the Welfare and Institutions Code, to read:
- 34 4028. (a) The State Department of Mental Health 35 shall establish and implement, or contract with an outside 36 agency for the development of, a multicounty, 24-hour, 37 centralized, seamless suicide crisis line integrated 38 network.
- 39 (b) Existing crisis lines that meet specifications of the 40 State Department of Mental Health and the American

**SB 405** 

3

4 5

6

8

9

10

11

12 13

17

18

25 26

27 28

30 31

32 33

Association of Suicidology may be included in this integrated network.

- (c) The crisis line established under this section shall link persons at risk of committing suicide with local suicide prevention and treatment resources.
- (d) The crisis line network shall utilize data available pursuant to Section 130230.
- (e) The crisis line shall maintain appropriate data to evaluate its effectiveness.

130230. The State Department of Mental Health, in collaboration with the State Department of Health Services, shall establish a centralized Internet-based data base that maintains statistical data on suicide in California 14 and resources for persons who are at risk of committing suicide and their families. The State Department of 16 Mental Health may contract with an outside agency to establish and maintain the centralized data base.

130235. Subject to the appropriation of funds for this 19 purpose, the State Department of Mental Health shall 20 contract for an independent process and outcomes evaluation of programs established pursuant to this division. In connection with this evaluation, the State Department of Mental Health may require program operators to provide any information on program operations or outcomes that is necessary for the evaluation.

130240. The State Department of Mental Health shall submit an annual report, commencing March 1, 2001, to the Legislature regarding the results of the programs established pursuant to this division.

#### 130245. This division

- (d) The crisis line shall maintain appropriate data to evaluate its effectiveness.
- 34 (e) This section shall become inoperative on June 30, 35 2004, and as of January 1, 2005, is repealed, unless a later enacted statute that is enacted before January 1, 2005, deletes or extends the dates on which it becomes 37 inoperative and is repealed. 38
- 39 SEC. 3. It is the intent of the Legislature that all of the 40 following occur:

\_\_9 \_\_ SB 405

(a) Six million dollars (\$6,000,000) be allocated each year for a minimum of three years to the State Department of Mental Health from the General Fund to implement Division 109 (commencing with Section 130200) of the Health and Safety Code.

- (b) The State Department of Mental Health eollaborate with other state departments and nongovernmental organizations to implement the division.
- (e) The programs established by the division be consistent with the public health model proposed by the Surgeon General of the United States, and the system of care approach pursuant to the Bronzan-McCorquodale Act, Part 2 (commencing with Section 5600) of Division 5 of the Welfare and Institutions Code.
- (d) The pilot programs established pursuant to the division be sustainable beyond the pilot funding period.
- (e) The programs prescribed by the division build on and extend existing knowledge regarding suicide prevention and treatment.
- (f) The State Department of Mental Health and contracted pilot program providers under the division leverage existing federal funds earmarked for suicide prevention and treatment programs and other available funds.
- SEC. 4. (a) Gatekeeper training pilot programs funded pursuant to Section 130205 of the Health and Safety Code shall submit to the Advisory Task Force on Suicide Prevention and Treatment a final report on September 30, 2004.
- (b) Suicide treatment pilot programs funded pursuant to Section 130210 of the Health and Safety Code shall submit to the Advisory Task Force on Suicide Prevention and Treatment a final report on September 30, 2004.
- 35 (e) The State Department of Mental Health shall 36 submit to the Legislature a final report on September 30, 37 2004, regarding the results of the pilot programs 38 established pursuant to the Comprehensive California 39 Suicide Prevention and Treatment Act of 1999, Division

SB 405 — 10 —

1 109 (commencing with Section 30200) of the Health and 2 Safety Code.

- 3 SEC. 5. It is the intent of the Legislature that the 4 following amounts be appropriated from the General 5 Fund to the State Department of Mental Health:
  - (a) Two million three hundred thousand dollars (\$2,300,000) for the purposes of implementing gatekeeper training programs pursuant to Section 130205 of the Health and Safety Code.
  - (b) Eight hundred thousand dollars (\$800,000) for the purposes of implementing evidence-based, proven effective suicide treatment pursuant to Section 130215 of the Health and Safety Code.
  - (e) Three million one hundred thousand dollars (\$3,100,000) for the purposes of implementing a targeted public awareness and education campaign pursuant to Section 130220 of the Health and Safety Code.
  - (d) Six hundred thousand dollars (\$600,000) for the purposes of implementing a suicide crisis line integrated network pursuant to Section 130225 of the Health and Safety Code.
  - (e) Five hundred thousand dollars (\$500,000) for the purposes of implementing a centralized Internet-based data base pursuant to Section 130230 of the Health and Safety Code.
  - (f) Five hundred thousand dollars (\$500,000) for the state operations and evaluation costs pursuant to implementing Division 109 (commencing with Section 130200) of the Health and Safety Code. It is the intent of the Legislature that this amount support all of the following:
  - (1) Permanent positions and necessary temporary staff, overtime, and operating expenses.
  - (2) Costs associated with support of the Advisory Task Force on Suicide Prevention and Treatment pursuant to Section 130225 of the Health and Safety Code.
- 37 (3) Costs associated with convening an annual 38 conference consisting of grant awardees funded under 39 Division 109 (commencing with Section 130200) of the 40 Health and Safety Code, members of the Advisory Task

— 11 — SB 405

1 Force on Suicide Prevention and Treatment described in 2 Section 130225 of the Health and Safety Code, and other

3 appropriate individuals.

4 SEC. 2. It is the intent of the Legislature that six 5 hundred thousand dollars (\$600,000) be appropriated 6 from the General Fund to the State Department of 7 Mental Health for the purposes of implementing a suicide 8 crisis line integrated network pursuant to Section 4028 of

9 the Welfare and Institutions Code.